



## COUNTY OF LOS ANGELES

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May 31, 2006

To: Supervisor Michael D. Antonovich, Mayor  
Supervisor Zev Yaroslavsky, Chair Pro Tem  
Supervisor Gloria Molina  
Supervisor Yvonne B. Burke  
Supervisor Don Knabe

From: Jon W. Fullinwider  
Chief Information Officer

Subject: **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT  
(HIPAA) STATUS REPORT**

The purpose of this report is to provide a quarterly report on County compliance activities with the HIPAA Transaction and Code Sets (TCS) Rule and Security Rule following their compliance deadlines that were October 16, 2003 and April 20, 2005, respectively. The Auditor-Controller is responsible for monitoring and auditing ongoing County department compliance with the HIPAA Privacy Rule following its compliance deadline of April 14, 2004 and is submitting a separate semi-annual status report to your Board.

Under the HIPAA rules and regulations, the County declared itself a "hybrid covered entity" and identified four County departments as covered components that must implement and comply with the provisions of HIPAA. They include:

- Department of Health Services (DHS)
- Department of Mental Health (DMH)
- Department of Probation's Kirby Center
- Sheriff Department's Pharmacy

Only DHS, DMH, and Probation's Kirby Center are subject to TCS Rule regulations, while all four departments were determined to be subject to Security Rule regulations.

The following provides a summary of County HIPAA TCS and information security remediation activities and key TCS and Security Rule compliance issues. In addition, attached are two charts providing detailed information on County departments' TCS compliance status by transaction (Attachment A) and County department status for remediation of the findings that were identified during the required risk analysis process that was completed in November 2005 (Attachment B).

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## **Summary**

### **TCS Rule**

County departments' progress towards achieving full TCS compliance continues to be largely governed by the pace at which the State of California (State) implements new TCS transactions.

The Department of Health Services (DHS) through its claims processing clearinghouse, Accordis, is continuing to submit HIPAA-compliant Medi-Cal inpatient claims to the State. They are currently using revenue codes based upon agreements reached with the State governing TCS processing. On January 20, 2006, the State indicated that the target date to convert the outpatient claims to be HIPAA-compliant will be November 2007. DHS will contact the State during July 2006 in order to obtain an updated status on their conversion plans. DHS is continuing efforts internally to expand the use of HIPPA-compliant transactions with other trading partners.

DMH is, with some exceptions, processing HIPAA-compliant Medi-Cal claim files to the State. Those exceptions are three of the four DHS Hospitals, one SD/MC legal entity contractor and half of the Fee for Service (FFS) outpatient providers. DMH is scheduled to begin submitting HIPAA-compliant claims for FFS outpatient providers by July 1, 2006.

### **Security Rule**

The Security Rule required that reasonable and appropriate safeguards be implemented to protect the confidentiality, integrity and availability of electronic protected health information (EPI) by the established compliance date (April 21, 2005). Affected departments are making continuing progress to comply with the Security Rule, and are developing solutions to each of the issues that were identified in the Security Risk Analysis report that was submitted by Fox Systems under a County contract.

As reported in the last status report, the Security Risk Analysis, which identifies and assesses risk (administrative, physical, technical) exposure to EPI in the affected departments and provides recommendations to reduce risk to a reasonable and appropriate level, was completed in November 2005. Overall, the risk analysis validated that all the affected departments could be considered partially compliant with the Security Rule requirements. However, the analysis identified an initial total of 540 security risks or gaps between the Security Rule requirements and current practices. An additional 301 risks were identified based on reviews completed for DHS' Public Health Programs and Services organization for a total of 841 issues.

All of the covered components have developed remediation plans addressing the administrative, physical and technical gaps that were identified in the Security Risk Analysis and have submitted them to the Chief Information Security Officer (CISO). Continued progress is being made and the CISO is tracking this on a weekly basis.

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## TCS Compliance Issues

### Department of Health Services

- **HIPAA-Compliant Medi-Cal Outpatient Claims** - On January 20, 2006, the State indicated that the target date to convert the outpatient claims to be HIPAA-compliant will be November 2007. DHS will contact the State during July 2006 in order to obtain an updated status on their conversion plans.
- **HIPAA-Compliant Encounter Records** - The Office of Managed Care (OMC) and DHS hospitals continue to work with LACare to submit HIPAA-compliant encounter records from our hospitals to OMC and then to LACare. During April 2006, the outpatient 837I transactions passed LACare's initial testing phase. However, on May 17, 2006, Accordis reported that there is a discrepancy on the file format for one data element. It appears that the State's file format for this data element is different from LACare's file format. Accordis and OMC are working with LACare to resolve this issue. Since this data element also appears on the inpatient 837I transactions, the file cannot be submitted for testing until this issue is resolved. Accordis continues to work with DHS on establishing an HL-7 connection so that the data transfer process can be expedited.
- **Inpatient Mental Health Services Claiming** - Representatives from DMH, Harbor/UCLA Medical Center (Harbor/UCLA) and Accordis met again on March 28, 2006 to discuss the project plan for sending HIPAA-compliant claims through EDI/SFT and also to discuss HL-7 EDI transmissions of non-HIPAA transactions such as client and episode information. Harbor/UCLA is currently manually entering service and claims through direct data entry. DMH is now in the testing phase with Accordis. Testing consists of sending 837I and 837P message types to verify message content, structure, and compliance with DMH's HIPAA Companion Guides. The other three DHS hospitals still utilize the legacy Mental Health Management Information System (MHMIS), which is non-HIPAA-compliant, to submit mental health services claims for both Medi-Cal and Short Doyle reimbursement. DMH's plan is to migrate these hospitals after implementation of Change Request 48, the consolidation of the Clinical and Administrative modules within the Integrated System. The delivery date for CR 48 is mid-October. The three hospitals will be phased in each month thereafter.

### Department of Mental Health and Kirby Center

- **HIPAA-Compliant Medi-Cal Outpatient Claims** - DMH is current in submitting Medi-Cal claims for outpatient services from the IS.

There is no backlog of 835 (remittance advice) transactions from the State. DMH and Sierra are current with processing files received from the State.

In general, providers are doing much better with getting data into the IS and successfully processing their claims. DMH continues to provide focused technical

assistance to providers who have a high number of unsubmitted and denied claims or have otherwise been unsuccessful in processing claims through the IS. The number of providers needing this level of assistance has decreased significantly.

DMH is migrating Fee for Service (FFS) contract providers from submitting claims for outpatient services through the legacy FFS claiming system to submitting claims through the IS, either electronically using EDI/SFT or by direct data entry. A July 1, 2006 date has been set to suspend all FFS providers from submitting non-HIPAA-compliant claims. DMH staff from Provider Relations and the Chief Information Office Bureau (CIOB) conducted six workshops to assist FFS Providers and billing vendors who are users of the legacy FFS/ECS in making the transition to HIPAA-compliant claiming. All six of these workshops were poorly attended. We also extended an offer to provide this same training at the monthly FFS Provider/IS Issues Workgroup, and that also has been poorly attended. We estimate about 120 providers must convert from legacy claiming to HIPAA. Of those 120 providers, only 7 have been certified to submit compliant claims electronically.

- **HIPAA-Compliant Medi-Cal Inpatient Claims** - DMH and Sierra continue to submit Medi-Cal claims for inpatient services directly from the IS without involvement of the legacy MHMIS. Inpatient claims are being submitted to the State on a bi-weekly basis, rather than monthly as in the past. This change has resulted in an increase in the number of inpatient claims successfully submitted to the State for reimbursement and has shortened the time between data entry and submission to the State for outbound claims from 4 to 6 weeks down to 3 to 4 weeks.
- **HIPAA-Compliant Medicare Claims** - HIPAA-compliant claims to Medicare are also being sent to the National Health Insurance Company, the fiscal intermediary for Medicare, directly from the IS without involvement of the legacy MHMIS. There is no longer a backlog of Medicare claims awaiting processing.
- **Integrated System Improvements** - DMH held a CR 48 Kickoff Meeting April 13, 2006 to raise the level of awareness about this very important project. Susan Kerr, DMH Chief Deputy, and Robert Greenless, DMH CIO, presented the objectives and goals. The CR 48 Oversight Committee, the Project Team, system testers and interested users attended this meeting. A project plan has been developed, and two deliverables (the requirements and the detail design) have been approved. Testing of initial programming has begun. Sierra and the DMH Project Team hold weekly meetings to discuss the progress of development, releases, and any issues. The project is currently two weeks behind schedule.
- **Special Handling of Late Claims** - DMH has requested the State Department of Health Services to provide a prorated payment for late Medi-Cal claims (greater than six months old but less than 12 months old). Standard processing of these claims would result in their denial. However, agreement to prorate payments, which is the practice for physical health claims, will allow the department to recover revenue that would otherwise be lost. The request is still pending a final decision by the State, but in April 2006, the State agreed to allow DMH to begin submitting these claims in

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a separate batched file so that they can be held and time-stamped while the details of the resolution are being worked out.

Should you have any questions, please call me at (213) 974-2008 or Jonathan Williams, Chief Deputy, at (213) 974-2080.

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Attachment

c: Department Heads  
Chair, Information Systems Commission

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### Los Angeles County HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Summary HIPAA Transactions and Code Sets Status		
				Trading Partner Testing Complete	Transaction in Production Use	Comments
Hospitals and Associated Clinics	Health Care Claim (837) Outbound	Outsource to Clearinghouse (Accordis)		Inpatient - Yes Outpatient - No	Inpatient - Yes Outpatient - No	Accordis (DHS' Clearinghouse) is submitting Medicare inpatient and outpatient 837 claims using approved HIPAA-compliant Transaction Code Sets (TCS) information reflective of all-inclusive rate revenue codes. Accordis is submitting HIPAA-compliant Medicare non-hospital 837 claims to the Fiscal Intermediary (NIC).
DHS	Health Care Claim (837) Outbound	Outsource to Clearinghouse (Accordis)				Accordis is submitting HIPAA-compliant inpatient Medi-Cal claims with "from" service dates beginning February 1, 2004 through the Medi-Cal Fiscal Intermediary (EDS). On January 20, 2006, the State indicated that the target date to convert the outpatient claims to be HIPAA compliant will be November 2007. We will contact the State during July 2006 in order to obtain an updated status on their conversion plans.
DHS	Remittance Advice (835)	Outsource to Clearinghouse (Accordis)				DHS is submitting HIPAA 837 encounter data, via its clearinghouse (Accordis) to OMC. The encounter data submitted is consistent with the data required by the CDHS in processing inpatient Medi-Cal fee-for-service claims and claims submitted to other health plans. OMC and Accordis continue to work closely with LACare to submit HIPAA-compliant encounters from our DHS facilities to OMC to LACare. During April 2006, the outpatient 837 transactions passed LACare's initial testing phase. However, on May 17, 2006, Accordis reported that there is a discrepancy on the file format for one data element. It appears that the State's file format for this data element is different from LACare's file format. Accordis and OMC are working with LACare to resolve this issue. Since this data element also appears on the patient 837 transactions, the file cannot be submitted for testing until this issue is resolved. Accordis continues to work with DHS on establishing an HL-7 connection so that the data transfer process can be expedited.
DHS	Public Health Clinics	Outsource to Clearinghouse (Accordis)	QuadraMed Affinity/Provider Advantage 270/271			Effective June 23, 2005, the Medicare fiscal intermediary began sending the remittance advice (RA) data in the HIPAA-compliant format. For HIPAA security reasons, the RA information will be transmitted by the contracted vendor to Health Services Administration (HSA) and stored on a server. The facilities will retrieve the RA information from the HSA server.
DHS	Health Care Claim (837) Outbound	Outsource to Clearinghouse (Accordis)				The County utilizes the State's Point of Service (POS) system, as well as other systems (e.g., Provider Advantage VeriLink, etc.) for obtaining Medi-Cal eligibility information. For business purposes, DHS has installed the necessary software at all facilities to process HIPAA-compliant 270/271 transactions (i.e., Provider Advantage VeriLink). The VeriLink software is in production and HIPAA-compliant 270/271 transactions are being processed to various third-party payors including Medi-Cal and Medicare. The Department has met the State's November 20, 2004 "go live" date for processing HIPAA-compliant 270/271 transactions.
DHS	Alcohol and Drug Programs Administration (ADPA)	Remittance Advice (835)				The administrative code sets were implemented as scheduled on October 16, 2003. Claims with service dates of September 22, 2003 and greater were submitted to the State and have been adjudicated.
DHS	Alcohol and Drug Programs Administration (ADPA)	Health Care Claim (837) Outbound				With regards to the implementation of national code sets, the State has not provided instructions on how to convert the local revenue codes to national codes. Therefore, until the information is received from the State, the clearinghouse vendor, Accordis, is unable to comply with HIPAA TCS regulations. Testing for format has been completed with the State and Accordis has received notification that it passed all format testing.
DHS	Alcohol and Drug Programs Administration (ADPA)	Remittance Advice (835)				No change to existing process.
DHS	Alcohol and Drug Programs Administration (ADPA)	Health Care Claim (837) Inbound				DHS Alcohol and Drug Programs Administration (ADPA) is submitting HIPAA-compliant 837 claims transactions to the State Department of Alcohol and Drug Programs (SADP) through its clearinghouse vendor, Accordis.
DHS	Alcohol and Drug Programs Administration (ADPA)	Remittance Advice Outbound (835)				No change to existing process.
DHS	Alcohol and Drug Programs Administration (ADPA)	Remittance Advice Inbound (835)				No change to existing process for the time being. The State has not provided a date by which they will implement a HIPAA-compliant remittance advice (835) transaction.

**Los Angeles County  
Summary HIPAA Transactions and Code Sets Status**

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner			Comments
			Trading Partner Testing Complete	Production Use	Transaction in Production Use	
DHS Office of Managed Care (OMC)	Health Care Claim (837) Inbound	Vendor (HMS) modifying PMS to accept HIPAA compliant claim transactions from out-of-plan providers.				The X.12 837 transaction is certified by Claredi; however no trading partners have contacted CHF to conduct CHF to conduct HIPAA-compliant transactions. OMC will continue processing this transaction in pre-HIPAA format consistent with the contingency plan, or on paper, until trading partner testing is complete. DHS has completed setting up a virtual private network with Claimsnet and OMC has completed system testing with Claimsnet. OMC continues outreach efforts to identify potential trading partners with out-of-network hospitals and physicians with whom to begin testing. No negative impact to OMC business processes or revenue flow has occurred. Status was changed from "Not complete" to "Not complete for reasons beyond the control of the County" because CHP is technically ready to receive a 837I & 837P should one be sent.
	Health Care Encounter (837) Inbound	Interface engine software being installed to feed the OMC Data Warehouse. Using clearinghouse (DDD) to translate incoming proprietary format from non-County providers to HIPAA-compliant 837 format.				OMC is accepting HIPAA-compliant 837P transactions from non-County providers via a clearinghouse (DDD) and they are testing the 837I. OMC is evaluating the transactions from DHS hospitals transmitted through Accordis. Please refer to the "Health Care Claim (837) Outbound" status in the above "DHS Hospitals and Associated Clinics" section.
	Health Care Encounter (837) Outbound	Data extracted from Data Warehouse will feed translator software to produce HIPAA compliant transactions.				OMC has modified its legacy system to process the transactions between DHS hospitals and OMC until the production server and the new interface engine is installed and completely tested. OMC is currently configuring the interface engine that will allow receipt of HIPAA-compliant 837I encounter records from DHS hospitals and will replace the interim solution now being tested.
	Premium Payment Order/ Remittance Advice (820)	Vendor (HMS) modifying PMS to accept and translate HIPAA transactions.				CHF is fully compliant on the submission of non-County provider transactions via a clearinghouse (DDD). No negative impact on business processes or revenue flow is anticipated.
	Remittance Advice (836) Outbound	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				The X.12 835 transaction is certified by Claredi, but it has not been tested with trading partners and no trading partner has requested remittance advice information in electronic format. OMC is currently providing 836 equivalent information on paper to its trading partners. HIPAA compliance is a non-issue until a switch is made to an electronic transaction. No negative impact on business processes or revenue flow has occurred.
	Health Care Enrollment and Disenrollment (834)	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				OMC was able to process a compliant X.12 834 transaction as of the October 16, 2003 deadline. DHS currently provides its eligibility roster electronically to certain plan providers, including DHS facilities. OMC is in production with processing the Healthy Families' new data vendor, Maximus, and is also in production with LA Care, for Medi-Cal.
	Eligibility Inquiry & Response (270/271)	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				The State Healthy Families Program (HFP) has notified OEM that they are delaying the testing of the X.12 820 transaction for an indefinite period. The State will notify the provider community when they resume plans to test the X.12 820 transaction. HFP stated that the 820 electronic file they currently distribute is "materially compliant." OMC has completed custom programming modifications to its Patient Management System (PMS) that will allow it to receive and process the inbound 820 transaction, but has reached a point where they can make little progress without more information from the State. OMC will convert the 820 transaction file received from HFP to a flat file that will be sent to OMC Finance, thus mitigating any negative impact on OMC Finance or County Treasurer and Tax Collector (TTC) operations. In the interim, DHS will continue to process transactions in pre-HIPAA format. No negative impact on business processes or revenue flow is anticipated.
	Claim Status Summary (276/277)	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				OMC is ready to receive a 276 and return a 271. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions; and those that are interested do not meet the OMC's minimum trading partner requirements. Hence, there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred.
	Health Care Service Review (278)	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				OMC is ready to receive a 276 and send a 277. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions; hence, there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred.
	NCPDP	Pharmacy Benefit Management Contractor				OMC is ready to receive and send a 278. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions; hence there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred. Contractor (PCN) is responsible for HIPAA compliance of NCPDP transactions.

Los Angeles County  
HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	Summary HIPAA Transactions and Code Sets Status			
			County Complete & Ready To Test With Trading Partner	Testing Complete	Trading Partner	Production Use
DHS California Children's Services	Health Care Claim (837) Outbound	In-house development of 837 transaction output				Completed. Process is now routine.
	Health Care Claim (837) Inbound	Paper				No change to existing process.
	Remittance Advice (835)	Vendor (EDS) supplied via website				Completed. Process is now routine.
	NCPDP	Paper				No change to existing process.
DMH Department of Mental Health	Health Care Claim (837)	Integrated System - Wrapper of MH-MIS and FFS (EDS)				The Health Care Claim (837) is in production use. However, one Short-Doyle legal entity, three DHS hospitals and FFS Phase Two (2) providers still send claims to the State in legacy format. We plan to migrate all FFS2 providers to HIPAA compliant by July 31, 2006. The remaining SD/MC providers will all be moved by November 2006 after implementation of CR 48 which is the change request to consolidate the clinical and admin modules in the Integrated System.
	Health Care Enrollment and Disenrollment (834)	Integrated System - Wrapper of MH-MIS and FFS (EDS)				No change from the last report. DMH began using the Integrated System (IS) to exchange the X.12.834 HIPAA transaction with Fee-for-Service Network Providers on November 24, 2003. DMH began using the IS to exchange the X.12.834 HIPAA transaction with Short-Doyle providers on February 9, 2004. State and Federal compliance status is not relevant to or a constraint on this transaction.
	Remittance Advice (835) Inbound	Integrated System - Wrapper of MH-MIS and FFS (EDS)				The State is now sending HIPAA-compliant remittance advice transactions to DMH and they are being processed in the IS. For a time, DMH had a backlog of these transactions awaiting loading into the IS, but the backlog has been processed. The status of this transaction has been upgraded from "yellow" to "green" since it is now the routine way of conducting this transaction.
	Remittance Advice (835) Outbound	Integrated System - Wrapper of MH-MIS and FFS (EDS)				Since introducing the changed approach that allows the IS to generate 835's without requiring the warrant number associated with the payment, DMH has eliminated the backlog of 2,000,000+ claims and is now current with the notification of 835 transactions. DMH had envisioned an automated process to support the Payment Request and Warrant Number update, however the inter-agency operations (DMH and Auditor-Controller) were not capable of supporting this process. Sierra re-engineered the process for loading Medi-Cal remittance advice (835 transactions) and achieved a 9-fold improvement in performance. This means that providers get accurate information about the fate of their claims more quickly and with less impact on IS performance.
	Eligibility Inquiry & Response (270/271)	Integrated System - Wrapper of MH-MIS and FFS (EDS)				Effective October 1, 2005, DMH began sending production HIPAA-compliant 270 transactions to the State and receiving 271 transactions from the State. The issue of formating the compliant 271 transaction to include Share of Cost information was resolved in the latest build on April 7, 2006. NHIC, the fiscal intermediary for Medicare, does not support the HIPAA-compliant 270/271 transaction.
	Authorization (278)	Integrated System - Wrapper of MH-MIS and FFS (EDS)				No change from last report. The Integrated System began processing X.12.278 transactions internally with Fee-for-Service network providers on November 24, 2003. State Medi-Cal still does not support compliant authorization transactions. DMH will continue to process transactions in a pre-HIPAA format with the State in the meantime. While this transaction is in production use, its status is "yellow" because of the limited number of trading partners involved at this time and the limited manner in which it is used.
	Health Care Claim Status Summary (276/277)	Integrated System - Administrative Transactions				No change from last report. DMH is presently offering the 276 and 277 X.12 transactions to Fee-for-Service network providers and Short-Doyle contract providers who are sending HIPAA compliant claims via EDI, but it is not a transaction currently used. State Medi-Cal will not support compliant status reporting transactions this year.
	NCPDP	Integrated System - Wrapper of MH-MIS				No change from last report. The HIPAA-compliant NCPDP transaction became available for production use on February 9, 2004. No pharmacy providers are testing or using IS pharmacy functionality in production. Changes to the Pharmacy IS Deployment Plan have been identified, but not formally documented. The documentation effort is on hold until more pressing IS issues are resolved. This is expected to have no negative impact on pharmacy providers.

## LEGEND

- COMPLETE
- NOT COMPLETE FOR REASONS BEYOND COUNTY CONTROL
- NOT COMPLETE

## STATUS BY HIPAA SECURITY RULE STANDARD

Standards	Description	ADMINISTRATIVE SAFEGUARDS				Status	
		County	Covered Components	DHS	DMH	LASD	
Security Management Process 164.308(a)(1)	Implement processes and procedures to manage HIPAA Security including risk analysis and remediation.			●	●	●	The initial risk analysis is complete and remediation efforts are in process. All of the covered entities have submitted remediation plans with progress steps noted.
Assigned Security Responsibility 164.308(a)(2)	Identify a security official who is responsible for the development and implementation of the policies and procedures required by this subpart for the entity.			●	●	●	The County has appointed a Chief Information Security Officer with responsibility for HIPAA security implementation. The covered components have also appointed departmental security officers to oversee these processes within their respective organizations.
Workforce Security 164.308(a)(2)	Implement policies and procedures to ensure that all members of its workforce have appropriate access to electronic protected health information and to prevent those workforce members who do not have access from obtaining access to electronic protected health information.			●	●	●	The Fox risk analysis stated that policies and procedures that have been implemented must now be implemented through detailed procedures. Each of the covered components is developing the required procedures.
Information Access Management 164.308(a)(4)	Implement policies and procedures for authorizing access to electronic protected health information.			●	●	●	The Fox risk analysis stated that policies and procedures that have been implemented must now be implemented through detailed procedures. As referenced above, procedure development is in process.
Security Awareness and Training 106.308(a)(5)	Implement a security awareness and training program for all members of its workforce (including management).			●	●	●	Initial security awareness training has been completed for all of the covered components. Awareness training programs have been developed to train all new staff and to augment that orientation training for all staff related to policy requirements.
Security Incident Procedures 106.308(a)(6)	Implement policies and procedures to address security incidents.			●	●	●	This particular standard does not apply to Probation Department's Kirby Center, which relies on systems that are owned and maintained by DMH who has completed detailed incident response procedures.
Contingency Plan 106.308(a)(7)	Establish (and implement as needed) policies and procedures for responding to an emergency or other occurrence (e.g., fire, vandalism, system failure, and			●	●	●	Contingency planning is in process for all of the covered components, but has not been completed or tested. Application criticality analysis has not been started for any of the covered components. Probation Department's Kirby Center, which relies on systems that are owned and maintained by DMH, is



## STATUS BY HIPAA SECURITY RULE STANDARD

Standards	Description	ADMINISTRATIVE SAFEGUARDS					Status	
		County	Covered Components	DHS	DMH	LASD	Kirby	
	natural disaster) that damages systems that contain electronic protected health information.							required to develop an emergency mode of operations plan.
Evaluation 164.308(a)(8)	Perform a periodic technical and non-technical evaluation, based initially upon the standards implemented under this rule and subsequently, in response to environmental or operational changes affecting the security of electronic protected health information.			●	●	●		The evaluation process is an ongoing task that is required as part of being HIPAA compliant. Timing of activities within this standard is dependent on system changes that may affect the risk to electronic protected health information over time. DHS and DMH have implemented vulnerability assessment software that periodically scans systems to help discover and repair problems.
Business Associate Contracts and Other Arrangement 164.308(b)(1)	Written contract or other arrangement (Memorandum of Understanding) between covered entity and its business associate representing that the business associate is in compliance with HIPAA Security Rule safeguards.			●	●	●		All of the 386 Business Associate (BA) agreements and 19 Memorandums of Understanding (MOU) have been completed. This process will be ongoing as organizations develop new BA relationships and as other departments need to interact with EPHI from the covered entities.



## STATUS BY HIPAA SECURITY RULE STANDARD

Physical Safeguards						
Standards	Description	DHS	DMH	LASD	Kirby	Status
Facility Access Controls 164.310(a)(1)	Implement policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.					Facility access policies have been developed and implemented. However, all of the covered components must develop facility security plans and procedures to maintain maintenance records for facility security systems.
Workstation Use 164.310(c)	Procedures that specify the proper functions to be performed, the manner in which those functions are to be performed, and the physical attributes of the surroundings of a specific workstation or class of workstation that can access electronic protected health information.					The Fox risk analysis stated that policies and procedures that have been implemented must now be implemented through detailed procedures. DHS has developed those implementing procedures.
Workstation Security 164.310(c)	Implement physical safeguards for all workstations that access electronic protected health information, to restrict access to authorized users.					The Fox risk analysis stated that policies and procedures that have been implemented must now be implemented through detailed procedures. Those procedures are in process.
Device and Media Controls 164.310(d)(1)	Implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic protected health information into and out of a facility, and the movement of these items within the facility.					The Fox risk analysis stated that policies and procedures that have been implemented must now be implemented through detailed procedures. Those procedures are in process.



## STATUS BY HIPAA SECURITY RULE STANDARD

Standards	Description	TECHNICAL SAFEGUARDS				Status
		DHS	DMH	LASD	Kirby	
Access Control 164.312(b)	Implement technical policies and procedures for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights.					The Fox risk analysis stated that policies and procedures that have been implemented must now be implemented through detailed procedures.
Audit Controls 164.312(b)	Implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic protected health information.					The covered components have developed policies, but have not implemented audit controls on all systems that provide reports on access attempts that are reviewed periodically. Probation's Kirby Center relies on systems that are owned and maintained by the Department of Mental Health who is in the process of developing and maintaining audit trails on their systems.
Integrity 164.312(c)(1)	Implement electronic mechanisms to corroborate that electronic protected health information has not been altered or destroyed in an unauthorized manner.					Sheriff's Pharmacy function has developed policies, but procedures must still be written and implemented.
Person or Entity Authentication 164.312(d)	Implement procedures to verify that a person or entity seeking access to electronic protected health information is the one claimed.					Sheriff's Pharmacy function has developed policies, but procedures must still be written and implemented.
Transmission Security 164.312(e)(1)	Implement technical security measures to guard against unauthorized access to electronic protected health information that is being transmitted over an electronic communications network.					All of the covered components have developed policies to require encryption of sensitive data. However, no specific solutions have been implemented. E-mail transmissions are being addressed with a proposed acquisition of an email security system.

